



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

August 17, 2010

Ms. Diane Thompson, Administrator
Arioli Community Care Home
15 Arioli Avenue
Barre, VT 05641

Dear Ms. Thompson:

Enclosed is a copy of your acceptable plans of correction for the annual survey conducted on **July 20, 2010**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/20/2010
NAME OF PROVIDER OR SUPPLIER ARIOLI COMMUNITY CARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 15 ARIOLI AVENUE BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments: An unannounced on-site survey was conducted by the Division of Licensing and Protection on 7/20/2010.	R100		RECEIVED Division of AUG 11 10 Licensing and Protection	
R179 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to assure that 5 of 5 reviewed employees providing direct care to residents had completed the required 12 hours of annual training. Findings	R179	Initiation date August 9, 2010 A spreadsheet that lists all mandatory trainings to be completed annually has been developed. It lists all mandatory trainings, length of training, attendance, date & who attended. It also allows a listing of any other necessary training assuring an annual training of 12 hours for each staff. 8-12-2010 R179 POC accepted as written. — C. Luraway, RN	3/9/10	

Division of Licensing and Protection

Diane Thompson
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *House Manager* (X6) DATE

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R179	Continued From page 1 include: Per record review on 3/30/2010, 5 of 5 employee records did not contain evidence of all required annual training. During interview on the afternoon of 7/20/10, the Manager confirmed that there was no evidence to indicate that all reviewed staff had completed required training.	R179			
R230 SS=F	VI. RESIDENTS' RIGHTS 6.18 The enumeration of residents' rights shall not be construed to limit, modify, abridge or reduce in any way any rights that a resident otherwise enjoys as a human being or citizen. A summary of the obligations of the residential care home to its residents shall be written in clear language, large print, given to residents on admission, and posted conspicuously in a public place in the home. Such notice shall also summarize the home's grievance procedure and directions for contacting the Ombudsman Program and Vermont Protection and Advocacy, Inc. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home did not post the Resident Rights document in a public place in the home. Findings include: Per observation on 7/20/10 and confirmed during interview with the Manager on the afternoon of 7/20/10, there was no posted summary of the obligations of the residential care home, the home's grievance procedure or directions for contacting assistance through programs such as the Ombudsman Program and / or Disability Rights Vermont.	R230	On July 21, 2010 Resident Rights were laminated and posted in the front hallway for ease of accessibility. These rights were enlarged in print & a copy of those given to the house manager by reviewer. The contact information for the local ombudsman is also attached. 8-12-2010 R230 POC accepted as written. — C. Laramy, RW	7/21/10	

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R232 SS=C	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.1.a.(1) Menus for regular and therapeutic diets shall be planned and written at least one (1) week in advance.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home did not have complete menus posted for the current or prior week. Findings include:</p> <p>Per observation on 7/20/10, the posted menu was incomplete for the breakfast and lunch meals for the previous week, and no menu was posted for the current week. During interview that same afternoon, the Manager confirmed that the prior menu was incomplete and that the current week's menu had not yet been planned.</p>	R232	<p>On August 10, 2010 all menus will be posted one week in advance and will include all meals.</p> <p>8-12-2010 R232 POC accepted as written. — C. Laramy, RN —</p>	8/10/10
R247 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, there was no system in place to monitor temperatures in refrigerators / freezers to assure proper food storage. Findings include:</p>	R247	<p>On July 26, 2010 a monitoring record + policy posted in the office to record temperature of both refrigerators + freezers. The policy states that the temperature will be recorded at a minimum 2x/month.</p> <p>8-12-2010 R247 POC accepted as written. — C. Laramy, RN</p>	7/26/10

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R247	Continued From page 3 Per record review on 7/20/10, there was no policy / procedure to instruct staff regarding the monitoring of refrigerator / freezer(s) to assure that proper temperatures are maintained for food storage. During interview that morning, the Manager confirmed that no policy and / or procedure existed to assure perishable food storage temperatures are maintained at recommended levels.	R247			